IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTIO

PERMIT# 80211 PIN# ~~4647466644 AT~~ 4649654992 DATE 4/9/99

OWNER OR CONTRACTOR PIEDMONT HOUSING PHONE: Business ____ Home ____

ADDRESS 1040 CHARLOTTE HWY TROUTMAN NC 28166

LOCATION 115 N- TL FLOWERHOUSE - TL RANKEN HILL - TR WINDSTAR ON LT

SUBDIVISION WESTWINDS BLOCK / SECTION 2 LOT 31 LOT AREA .764C SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY CHAMBERS OR HDS

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

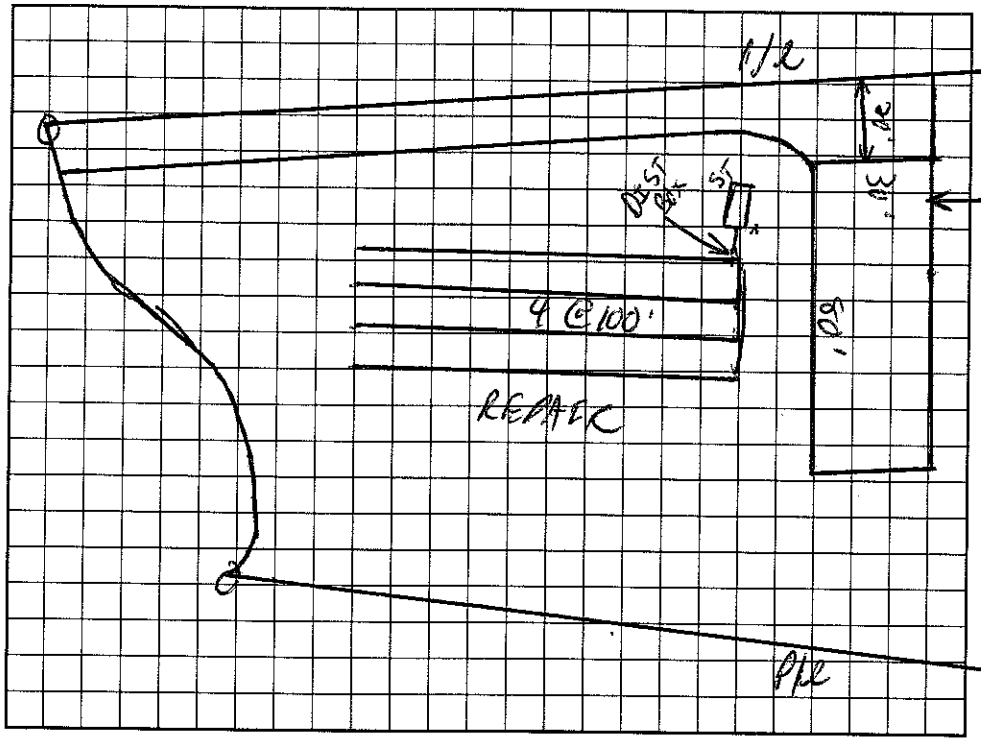
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

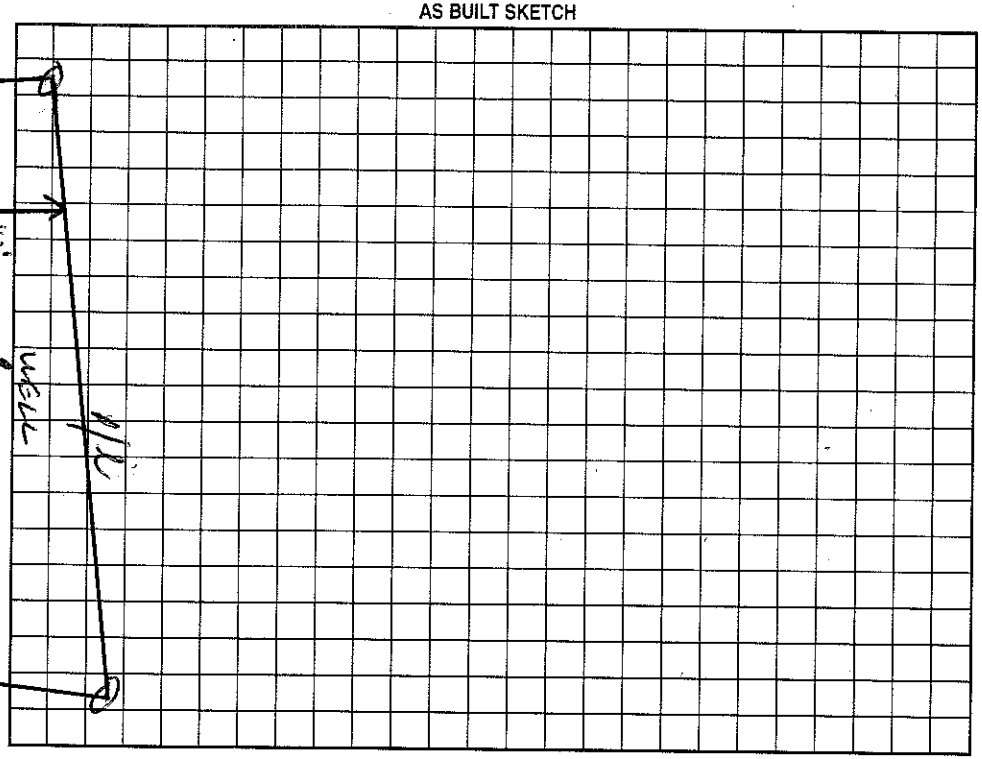
Comments:/Conditions: SYSTEM WILL NOT BE COMLETED UNTIL FINAL GRADING IS PERFORMED

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: David Lyles date 4/9/99

Improvement Permit by: C. Ray Thompson RS date 4/9/99

Authorization to Construct by: C. Ray Thompson RS date 4/9/99

Installed by: A1 BACKHOE

Operation Permit by: C. Ray Thompson date 4/9/99

Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK